

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10-599,220** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2	1						
3	2						
4	0	2					
5	0	0					
6	0	0					
7	0	0					
8	0	1					
9	0	0					
10	0	1					
11	1						
12		1					
13		1					
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49							
50							
TOTAL IND.	1	↓	2	↓		↓	
TOTAL DEP.	10	←	22	←		←	
TOTAL CLAIMS	11		24				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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99							
100							
TOTAL IND.					↓		
TOTAL DEP.			←			←	
TOTAL CLAIMS							